SAMPLE APPROVED PROTOCOLS

EMERGENCY MEDICAL USE OF THE ESOPHAGEAL TRACHEAL COMBITUBE (ETC) AIRWAY

PROVIDER NAME: _____ PROVIDER NO. 60 - _____

ETC placement to establish control of the patient's airway may be performed by any trained, certified and licensed EMT affiliated with an ambulance service approved to use the advanced airway protocol.

I. INDICATIONS:
   - A. Cardiac arrest from any cause
   - B. Respiratory arrest
   - C. Unconscious patient with inadequate respirations and no gag reflex

II. CONTRAINDICATIONS: **DO NOT use on patient if....**
   - A. Patient is under five (5) feet in height (use SA Combitube if patient between 4 and 5 feet tall)
   - B. Active gag reflex
   - C. Patient has known or suspected esophageal disease
   - D. Patient has ingested a caustic substance

III. PREPARE FOR INSERTION OF THE ETC
   - A. Contact medical control physician (if required by local protocol)
   - B. Take appropriate body substance isolation precautions
   - C. Prepare the airway
     1. Determine cuff integrity per manufacturer's directions
     2. Lubricate as necessary
     3. Insure all necessary components and accessories are at hand
   - D. Prepare the patient
     1. Reconfirm original assessment
     2. Inspect upper airway for visual obstructions and remove
     3. Hyperventilate for at least 30 seconds
     4. Position the patient's head in a neutral position

IV. AIRWAY INSERTION
   - A. Insert with ETC curvature in same direction as natural curvature of pharynx
     1. Grasp the tongue and lower jaw between index finger and thumb and lift upward (jaw-lift maneuver)
     2. Insert the ETC gently but firmly until black rings on the tube are positioned between the patient's teeth
        - a. DO NOT USE FORCE - if tube doesn't insert easily, withdraw and reattempt
          1) Maximum of three thirty (30) second attempts with hyperventilation between each attempt
     3. Inflate pharyngeal cuff through line #1 (blue) with 100 ml of air and distal cuff through line #2 (white) with 15 ml of air

4. Ventilate through primary (blue) tube
5. Confirm tube placement by auscultating breath sounds (high axillary and bilaterally) and auscultating over stomach
    a. Esophageal placement - breath sounds are present bilaterally with epigastric sounds absent
        1) Continue to ventilate through primary (blue) tube
        2) Hyperventilate for a minimum of 30 seconds
        3) Under this usage condition, the clear tube may be used for the removal of gastric fluids or gas with the catheter provider in the airway kit
    b. Tracheal placement - breath sounds absent and epigastric sounds present
        1) Ventilate through secondary (clear) tube
        2) Reassess placement by auscultation and, if confirmed
            b) Hyperventilate for a minimum of 30 seconds
    c. Unknown placement - breath and epigastric sounds absent
        2) Slightly withdraw tube then reinflate cuffs (blue/white)
        3) Ventilate and reassess placement
        4) If breath sounds and epigastric sounds are still absent, immediately deflate cuffs and extubate
            a) Suction as necessary
            b) Insert oropharyngeal or nasopharyngeal airway
            c) Hyperventilate
6. Continue ongoing respiratory assessment and treatment

V. TUBE REMOVAL
- A. Indications
    1. Patient regains consciousness
    2. Protective gag reflex returns
    3. Ventilation is inadequate
- B. Contact medical control per protocol
    1. Do not delay removal when unable to contact medical control
- C. Position patient on side, using spinal injury precautions as necessary
- D. Deflate cuffs (blue then white) and withdraw airway
- E. Remove in smooth, steady motion suctioning as needed
- F. Monitor airway and respirations closely, suction as needed

VI. PROVIDE PROMPT TRANSPORTATION

Approved by: _____ Medical Director (Print)

_____ Medical Director (Signature)

_____ Date